

226982
536983

A & G Transportation

2008.145.T
2010.295.T

Fax

To: Public Service Commission SC **From:** Anthony Wright
Fax: 803 - 896 - 5100 **Pages:** 2 (Including cover page)
Phone: 803- 896-5199 **Date:** 11/30/2010
Re: Class C Reinstatement Form **CC:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Poc:
Anthony T. Wright, Sr

803-278-0335

RECEIVED
NOV 30 2010
PSC SC
CLERK'S OFFICE

Cert 8018

CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
---	--

DATE: 11/30/2010

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
☒ Charter Certificate Number C _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 11/17/2010 because NON-Compliant with
 (DATE)
ANNUAL REPORT Filing 2009

I am seeking reinstatement because DURING THE PAST 18 MONTHS OUR AGENCY ADMINIS-
TRATIVE HAS BEEN RESTRUCTURED BECAUSE OF FAMILY ILLNESS AND DEATHS, MY ATTEND-
ANCE TO DETAIL TO COMPLETE THE APPROPRIATE FORM WAS AFFECTED WITH THESE PERSONAL
REASONS AND LOGISTICAL NON-COMPLIANCE I HAVE FORWARDED OUR 1099 IN A TIMELY MANNER.
A.G TRANSPORTATION SERVICES DBA _____
 (Name of Company) (if applicable)

528 EDGEFIELD ROAD STE F
 (Street Address)

Same
 (Mailing Address if different from Street Address)

Belvedere SC 29841
 (City, State, Zip Code)

Anthony [Signature]
 (Signature)

803 - 228 - 0335
 (Telephone Number)

PRESIDENT / OWNER
 (Title) Owner, President, etc.

NOV 30 2010

PSC SC
CLERK'S OFFICE